

| POSITION                  | INITIALS  | ID NO.     | DATE            |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION         | <i>SP</i> |            |                 |
| O.I.P.E. CLASSIFIER       |           | <i>43</i>  | <i>8/27/01</i>  |
| FORMALITY REVIEW          | <i>MW</i> | <i>920</i> | <i>10/02-01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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